

# DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

## HEALTH SCRUTINY COMMITTEE

### MINUTES OF THE MEETING HELD ON TUESDAY, 12 DECEMBER 2023

**Councillors Present:** Martha Vickers (Chairman), Jane Langford (Vice-Chairman), Billy Drummond (Substitute) (In place of Justin Pemberton), Nigel Foot and Owen Jeffery (Substitute) (In place of Nick Carter)

**Also Present:** Nerys Probert (Acting Senior Public Health Programme Officer), Councillor Alan Macro (Executive Portfolio Holder: Adult Social Care and Health Integration), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Sarah Webster (Berkshire, Buckinghamshire and Berkshire West Integrated Care Board), Fiona Worby (Healthwatch West Berkshire), John Ashton, Jody Gordon, Kate Pike, Liz Stead (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Niki Cartwright (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

**Apologies for inability to attend the meeting:** Councillor Nick Carter, Councillor Justin Pemberton

#### PART I

#### 24 Minutes

The Minutes of the meeting held on 12 September 2023 were approved as a true and correct record and signed by the Chairman.

#### 25 Actions from the previous Minutes

Members were asked to note the progress made in relation to the actions. The Chairman advised:

For Action 15, Niki Cartwright had submitted reports and was present to answer questions. This was item 8 on the agenda.

For Action 17, Sarah Webster was present to update on the winter plan. This was item 9 on the agenda.

#### 26 Declarations of Interest

There were no declarations of interest received.

#### 27 Petitions

There were no petitions received at the meeting.

#### 28 Maternal Mental Health

Liz Stead (Head of Midwifery, Maternity, Neonatal and Women's Services, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) presented the report on maternal mental health.

During the presentation the following points were highlighted:

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- An overview of the importance of the perinatal period was given. One in five women experienced mental health issues in pregnancy or after the birth of their baby.
- Pre-conception support for women with pre-existing mental health conditions was dependent on the level of need and could have been provided by GP's, the Community Mental Health Team, Talking Therapies.
- Routine screening of pregnant women was carried out by midwives at the first antenatal care appointment. When mental health concerns started during pregnancy and led to a pregnant woman becoming acutely unwell, the Berkshire Healthcare NHS Foundation Trust (BHFT) Perinatal Mental Health Service provided tailored care for women. This was a specialist service for women experiencing extreme or complex mental health conditions during pregnancy that could not be managed in other settings.
- The Birth Trauma Pathway provided Cognitive Behavioural Therapy for women with perinatal post-traumatic stress disorder following a difficult or traumatic birth.

During the Committee's discussion the following points were raised:

- The national concerns of maternal mental health were noted as well as the importance of collaboration between GP's, midwives and health visitors. It was noted that BHFT professionals used record keeping and verbal communication to work closely with colleagues. However, the Committee was advised that collaborative communication between health visitors and midwives could be improved particularly around the detail in care records.
- It was confirmed that pregnant women saw midwives regularly despite the relative rurality of West Berkshire compared to other parts of Berkshire West. Teams worked well for services to be available and accessible. For those very unwell, there was specialist midwifery services at the Royal Berkshire Hospital. Midwives also did home visits if a woman was high risk.
- Liz Stead advised that the main issue in Berkshire West was in the understanding of which cases needed to be referred to the specialist perinatal mental health service. They received inappropriate referrals, and there may not have been a robust enough safety net for women who were refused support from that service.
- There were no areas of concern noted in West Berkshire specifically.
- There was mandatory training in screening for perinatal mental health for all professionals likely to have contact with women during the perinatal period. The ICB collected data from BHFT and the acute trusts to monitor the levels of mandatory training compliance.
- It was highlighted that relevant and accurate data was essential to ensure that inequalities could be addressed. There were two key pieces of work covering the BOB Equity Strategy, and work interrogating population data and checking for accuracy and consistency in records. It was important to make every contact count and to record the right data accurately.
- It was noted that two inpatient provisions were available for the southeast of England (Winchester and Kent). It was advised they were very expensive provisions which were only used when critically necessary. Mothers were better supported at home and in the community.

**Action: Liz Stead to share the Perinatal Equity Strategy.**

## 29 Emotional Wellbeing of Children, and Children and Young People Mental Health Services

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Jody Gordon (Emotional Health Academy (EHA) Manager & Primary Mental Health Worker) and Kate Pike (Senior Educational Psychologist, Acting Mental Health Lead and Manager of Mental Health Support Team (MHST)) presented the report on Emotional Health and Wellbeing for Children and Young People in West Berkshire.

Sarah Webster (Executive Place Director Berkshire West, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) advised that they were unable to provide a detailed report on the Children and Adolescent Mental Health Services (CAMHS) but would provide one at a future date.

The following points were raised in the discussion:

- It was noted that there were many organisations and partners involved in the process and queried whether there was potential for people to fall down the cracks. It was advised that the EHA and MHST were based in schools and had good relationships with staff. They ran regular assemblies and parent workshops. They were working to demystify the system as it took time to understand. The complex system was necessary to cover a range of needs, professionals and clinicians but they were working towards it not feeling that way for service users.
- It was confirmed that every school in West Berkshire could access the EHA triage service. This included primary, secondary and academies. The EHA triage service was the first place that would advise and guide any query. The MHST were in a number of specific schools. The EHA worked with others and together they covered all schools in West Berkshire. There were subtle differences in the services provided, but every school could access support. In addition, the EHA provided a traded service which schools could pay for if it had available funds. There were capacity limitations to this service.
- All schools should also have a senior mental health lead who were encouraged to take part in training. In March 2024 they would be holding a senior mental health lead conference where different services would be attending, and colleagues could network.
- It was highlighted that the nationally funded programme of MHST was to cover 35% of schools. This was being exceeded in West Berkshire with 50% of schools included. The MHST was reliant on national funding and the ICB were working closely with West Berkshire Council.
- It was noted that CAMHS were overwhelmed with demand and had two year waiting lists for their services. Funding for education and health was welcomed. The MHST funding came from the Green Paper for early identification and prevention and the understanding was that was there to stay.
- The reasons that referrals were closed was discussed. It was clarified that some people did not engage by not responding to communication or by dropping out. The EHA and MHST would try to understand the reasons for this and there was a re-referral process to encourage young people to come back when appropriate. The MHST met with the senior mental health lead at schools every half term. Some families may not be ready for the support, but they would keep in touch.
- No specific negative feedback had been received by the EHA or the MHST. When concerns were raised it would normally be about waiting times.
- It was noted that the Berkshire Youth Survey had a very high response rate and that young people were open to engagement regarding mental health. Mental health was a conversation in schools. Some schools had mental health ambassadors and the pupil voice was incorporated into all the MHST and EHA did.

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- The impacts of Covid were discussed. Since that time there had been increases in emotion-based school avoidance. Neurodivergence added extra complexity to this.
- A public question was raised regarding the support available for children and young people waiting for CAMHS for a long time. It was advised that support was available from an early help perspective. There were interventions in schools, support to train staff and the EHA and MHST worked with parents. The diagnosis was not necessary for the support.
- Young people awaiting ADHD or autism assessments were highlighted as in need of support whilst awaiting diagnosis. From a Local Authority perspective there was an Autism advisory team and professionals to support parents. The ICB advised there was a spectrum of services available on the Neurodiversity pathway provided by BHFT. There were excellent services, but they were struggling with the increase in demand. There had been a 40% increase in referrals from summer 2022 to summer 2023. There was a 14% increase in service activity but this was not enough. This was high on the agenda to reduce the waiting time.
- The SAFE project was a Thames Valley wide service providing specific support for children affected by crime, bullying and child on parent violence.

### **Action: Kate Pike to share the full service user report with Members.**

- It was highlighted that the MHST and EHA performed well in West Berkshire. This was partly due to the teams sitting within education and working well with schools.
- The EHA worked with the voluntary sector such as Berkshire Youth, but had looked at ways to increase their presence with that sector. An EHA worker attended weekly sessions with Berkshire Youth and liaised with the Berkshire Youth manager. They were very good at facilitating young people accessing mental health support. It was noted that Berkshire Youth outreach workers were good at seeking out harder to reach young people. The Waterside Centre was a safe place for those conversations.
- The EHA and MHST were having conversations with families around the impacts of cost of living challenges. For example, concerns around finances were impacting on sessions and the dynamics of families.
- The MHST and schools supported a peer mentor programme where mentors were trained and supervised.
- It was advised that it was difficult to find equivalent services in adult mental health when young people were transitioning to adult mental health support. Talking therapies and online support was discussed. Education, employment and training for young adults would also have scope to offer support. BHFT were looking at how to improve a smooth transition to adult mental health support. Time to Talk supported 11 to 25 year olds and were well equipped to support young adults.

## **30 Update on Continuing Healthcare**

Niki Cartwright (Director of Vulnerable People's Services, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) gave an overview of the reports on the All Age Continuing Care (AACC) Transformation Plan.

During the discussion the following key points were made:

- The high-level plan was shared with Members. The restructure changes had slowed due to wider structural plans in the ICB. The milestones in the Transformation Plan were shared, and this illustrated the work started already and the completion timescales.

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- The low conversion rate in Berkshire West was highlighted. Berkshire West had the lowest rate in the southeast region and was well below the national average and the regional average. It was confirmed that the southeast region would be commencing a review in January 2024 to answer questions around why this was. This could have been due to the number of referrals or that people were ineligible. There was also an appeals process.
- It was noted that independent reviews were carried out and that the majority of the initial decisions were upheld.
- The National Framework had not been updated for a few years. It was a complicated process with scoring across four domains.

**Action: Niki Cartwright to share slides of the eligibility process and the dates of the changes to the National Framework.**

**Action: An informal meeting to be arranged with Niki Cartwright to support Members understanding of AACC.**

### 31 **Winter Plan report from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

Sarah Webster (Executive Place Director Berkshire West, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) provided an update on their winter plan.

During the presentation the following points were highlighted:

- The ICB winter plan was to reinforce or bolster areas that had surges in demand during winter. The local urgent and emergency care system included the urgent care centre in Reading and Berkshire Healthcare NHS Foundation Trust (BHFT) had an urgent community response team.
- There was additional funding from the government for social care. This was allocated to the ICB and through the local authority's Better Care Fund.
- Their winter planning included the covid and flu vaccination programmes and the response to industrial action. It was noted there were financial consequences to the industrial action, and it had impacted on elective services.
- The key message was about accessing the right support and for communications teams to work together.

The following points were noted during the Committee's discussion:

- Communications and engagement teams should consider playing video messages in community settings as well as GP surgery waiting rooms.
- It was clarified that there had been a reduction in the social care funding from government to the local authority this winter for additional discharges. The funding to the ICB had broadly remained the same. This was due to a change in the calculation used.
- It was confirmed that patients could contact a GP surgery to speak with a Care Coordinator who would use a triage process to signpost patients to the most appropriate person. A digital interface was also being developed.

### 32 **Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

Sarah Webster (Executive Place Director Berkshire West, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) provided an update.

The following points were noted during the Committee's discussion:

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- The Community Wellness Outreach Service would be going out into the community across West Berkshire as well as inviting those at risk of cardiovascular disease to meet with them. The service was being commissioned and a combination of skilled professionals would be required. It would not be overly medicalised with appropriately trained staff to carry out medical checks and have wellbeing conversations. They would consider a variety of locations and were seeking feedback on that. Public Health was leading on this piece of work.
- It was highlighted that health inequalities existed in West Berkshire affecting life expectancy and healthy life expectancy. It was clarified that the ICB and Public Health had the data on the wards where lives were cut short. The Community Wellness Outreach Service would go out to affected communities.
- The health in all polices approach at West Berkshire Council was welcomed by the BOB ICB.
- Concern was raised around how pharmacies could increase their service offer given the current constraints in provision. It was noted that pharmacies were under strain and that this would be looked at a future Health Scrutiny Committee.
- The difficulties in getting a dental appointment were emphasised. It was a national issue, and it was confirmed that the same issues were faced across Buckinghamshire, Oxfordshire and Berkshire West. A number of practices had handed back their NHS contracts. Flexible commissioning of dental contracts was part of the new primary care strategy.

**Action: Sarah Webster to share more detail on the flexible commissioning of dental contracts within BOB.**

- It was noted that one of the aims of the Primary Care Strategy (currently in development) was around how General Practitioners could be empowered to do more preventative work and to support people with long term conditions manage those in the best way possible. The Strategy was also challenged by meeting the same day urgent need. Timeframes could therefore not be given.

### 33 Healthwatch Update

Fiona Worby (Lead Officer from Healthwatch West Berkshire) presented the report on the current activities of Healthwatch West Berkshire.

The following points were noted during the discussion:

- Berkshire West Healthwatch were working with Healthwatch Reading and Healthwatch Wokingham on the GP Access project. Focus groups had been held and vulnerable groups had been visited to identify themes across Berkshire West. There had been 330 responses to the survey, and it would close on 24 December 2023. The report would be ready for March 2024. Key themes emerging from the project was that once people understood the role of care coordinators and additional roles, they were not concerned.
- Healthwatch were monitoring other issues in response to feedback from the public. Cervical screening levels were low nationally and was being looked at within BOB. This was particularly a health inequalities issue with cohorts of women not engaging and across Berkshire. A piece of work could come out of that looking at why this was happening. Healthwatch champions within communities would be able to assist. A further update would be provided at a future meeting.
- Phlebotomy services were a concern as waiting times for blood tests were too long. Healthwatch would continue to look into that.
- Pharmacy waiting times were a concern being raised by the public. People were waiting outside. Public were concerned that pharmacies did not have the capacity

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to provide the increased services and that the closure of pharmacies was a particular issue for people living in rural areas. This was not on the current work plan but could be looked at.

- Healthwatch would be consulting with the public in March 2024 on their health priorities.

### 34 Task and Finish Group Updates

The Committee considered the amended Terms of Reference of the Healthcare in New Developments Task Group and the Chairman invited comments.

The revised Terms of Reference were agreed with no amendments.

### 35 Health Scrutiny Committee Work Programme

The Committee noted the Work Programme. Members could propose items for the Work Programme. There was a form on the website for members of public to nominate topics for Health Scrutiny.

Members discussed additional methods to get topics for the Health Scrutiny Work Programme. It was suggested that an item be in the West Berkshire Council newsletter ahead of each Health Scrutiny Committee meeting asking the public for comments on agenda items.

*(The meeting commenced at 1.30 pm and closed at 4.18 pm)*

**CHAIRMAN** .....

**Date of Signature** .....